



A96000002074

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

WALK IN
PICK UP 5/5/97



CERTIFIED COPY _____ CUS _____

PHOTO COPY _____ FILING Dissolution

1.) Lakeside Surgery Center, Ltd.

(CORPORATE NAME & DOCUMENT #)

2.) _____

(CORPORATE NAME & DOCUMENT #)

3.) _____

(CORPORATE NAME & DOCUMENT #)

4.) _____

(CORPORATE NAME & DOCUMENT #)

5.) _____

(CORPORATE NAME & DOCUMENT #)

6.) _____

(CORPORATE NAME & DOCUMENT #)

7.) _____

(CORPORATE NAME & DOCUMENT #)

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(CORPORATE NAME & DOCUMENT #)

9.) _____

(CORPORATE NAME & DOCUMENT #)

10.) _____

(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY -5 AM 9:51

G. TAX 52.50
FILING 52.50
R. AGENT FEE 52.50 BK
G. COPY 52.50
TOTAL _____
N. BANK _____
BALANCE DUE _____
REFUND _____

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DIVISION OF CORPORATION

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**CERTIFICATE OF DISSOLUTION
OF
LAKESIDE SURGERY CENTER, LTD.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY -5 AM 9:51

Lakeside Surgery Center, Ltd., a Florida limited partnership, executes the following certificate of dissolution pursuant to Section 620.71 of the Florida Revised Uniform Limited Partnership Act:

1. The name of the corporation is Lakeside Surgery Center, Ltd. (the "Partnership").
2. The Partnership's Certificate of Limited Partnership was filed on November 12, 1996 and assigned document number A96000002074.
3. The Partnership has not commenced business and the Partnership does not have any unpaid debt.
4. None of the Partners have assigned, or in any way encumbered or charged, their respective partnership interests.
5. The Partners unanimously agreed to the dissolution of the Partnership on MARCH 31, 1997.
7. All capital contributions of the General Partner and the Limited Partners have been returned to the Partners and the winding up of the affairs of the Partnership is complete.

Executed this 31st day of March, 1997, effective as of the date of filing with the Florida Secretary of State.

LAKESIDE SURGERY CENTER, LTD.,
a Florida limited partnership

BY: **LAKESIDE SURGERY, INC.,**
a Florida corporation, as General Partner

By: *G. Brock Magruder, Sr.*
G. Brock Magruder, Sr., President

**STATE OF FLORIDA
COUNTY OF ORANGE**

The foregoing instrument was acknowledged before me this 31st day of March, 1997, by G. Brock Magruder, Sr., as President of Lakeside Surgery, Inc., a Florida corporation, the General Partner of Lakeside Surgery Center, Ltd., a Florida limited partnership, on behalf of the Partnership.

- ☒ Personally known to me.
☐ Produced identification:

Type: _____

Robert P. Saltsman
Notary Public, State of Florida

